

Message from the EMSIP Chief

Need to Know Lessons About Airbag Safety

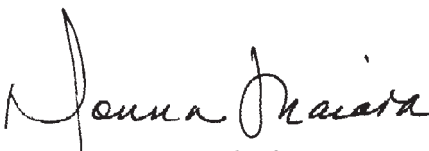
Airbags have been standard equipment in passenger cars since the mid-1990's, saving more than 8,000 lives and reducing serious injuries by as much as 80% when used in conjunction with seatbelts.

EMS personnel know that they should take precautions when extricating patients from vehicles with un-deployed airbags. But are you taking the right precautions? And is your own fleet safe, not having improperly installed or placing after market equipment in the airbag path to avoid airbag injuries in your response vehicle such as a cell phone or MEDICOM radio? It is reported that whether activated by a crash, a short circuit, or damaged deployment, canister airbags deploy at a speed of 200 to 300 miles per hour—faster than a blink of an eye. Loose lying equipment become missiles.

There have been deaths of emergency response personnel injured by airbags in stationary vehicles that have deployed during extrication. Car manufacturers are installing more and more airbags in vehicles, up to 28 in one model, increasing your risk of preventable injury. EMS personnel should avoid any structural movement or object in the zone of deployment. I recommend you visit www.airbaginstitute.com, a non-profit organization whose mission is “to strive in keeping up with the changes evolving in automotive airbag safety.”

Stay safe, my friends. Enjoy the football season.
Go Kahuku Red Raiders!!

Aloha,



Donna Maiava, Chief
Emergency Medical Services
and Injury Prevention



KIPC Korner

Preventing Injury from

While minor injuries and mishaps are viewed as a rite of passage for children, the recent tragic death of a toddler from a Kapiolani area high-rise reminds us that serious injury and death can await the unprepared. We should all be mindful of the personal and environmental factors that contribute to the risk for fall related injuries in children.

According to published local data, from 1991-2003 there were six fatal falls from buildings of children four years old and under. Statewide hospitalization data shows an average of nine admissions for fall related injuries per year of children four years old and under.

Data from the Queen's Medical Center Trauma Registry for the last eight years logged 30 building falls of children in this age group. Furthermore, 17 children aged 5-17 years were injured during the same period.

Fortunately, 70% of those admitted to the hospital were discharged home, but 20% required transfer to a rehabilitation facility and two patients died. Of those with available information, 15 reportedly fell from windows, nine from lanais, and one from a rooftop.

Nationally in 1998, there were more than 13,000 fall related deaths, including 126 in children 14 years and under. Falls were the leading cause of non-fatal injuries and 4-22% suffered permanent sequelae. Children in urban areas are at greater risk, and window falls are particularly common.

Case series have identified a number of predisposing social factors. These include previous major unintentional injuries to the patient or siblings, neurological disorders, and parental neglect. Victims' families were more likely to experience social and demographic factors such as poverty, single parent households, inadequate childcare, and stressors such as recent moves, job changes, or illnesses.

Data points to environmental risk factors involving windows and lanais that can be identified and minimized (see “Tips” next page). While the only truly safe architectural feature would be a solid wall, there are many acceptable, viable alternatives to lessen risk.

The toddler age group is at particular risk given the intersection of several developmental factors. First, motor skills have improved, allowing for mobility by walking and climbing. Curiosity is innate and the sights and sounds of the outdoors are appealing. Finally, judgment and appropriate caution have yet to be developed. This means that constant supervision within an environment where physical risks have been minimized is the optimum situation.

A number of prevention strategies have been shown to be effective, one being parental counseling regarding injury prevention. Building regulations to specify 4-inch spacing

Falls in Children

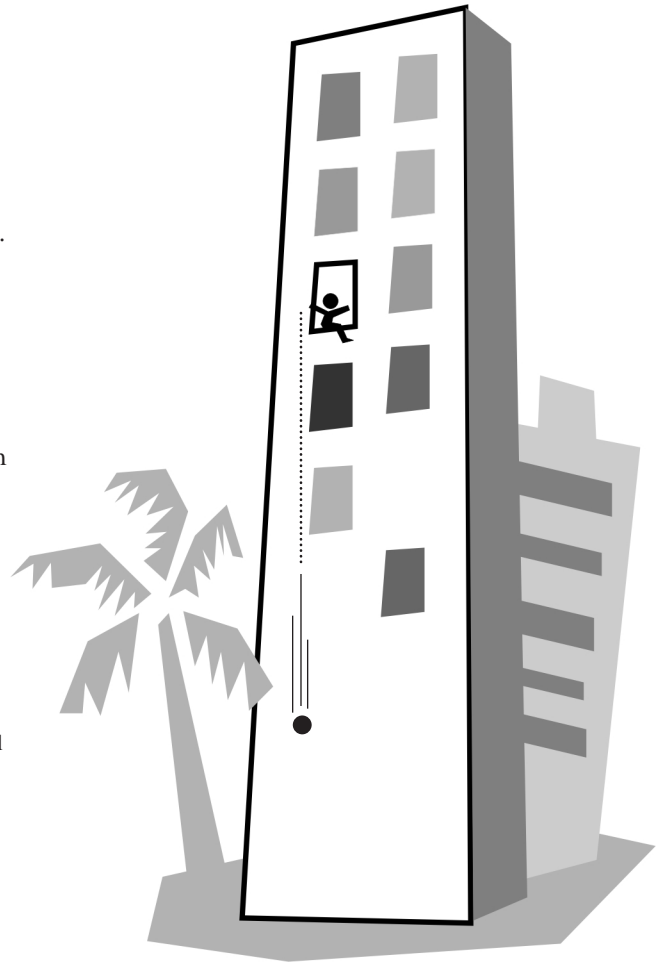
between vertical railing bars have been adopted by national building code associations and incorporated into local codes. Removable window guards (not fixed security devices) have been required in some jurisdictions with significant decreases in falls.

Fall related injuries do not disappear as children grow. School aged kids have riding toys, activities and games that place them at risk. Thrill seeking behaviors amongst the inexperienced adds to their personal risk factors. As children become teens, these factors are heightened while parental supervision frequently wanes.

We are all reminded that falls are a significant cause of injury and death that results from environmental and personal developmental and behavioral factors. These factors can be modified to minimize the danger of falls and avoid the heartbreak of death or lifelong disability.

Contributed by Kenn Saruwatari, M.D., Keiki Injury Prevention Coalition Board of Directors; data compiled by the Injury Prevention and Control Program, Department of Health.

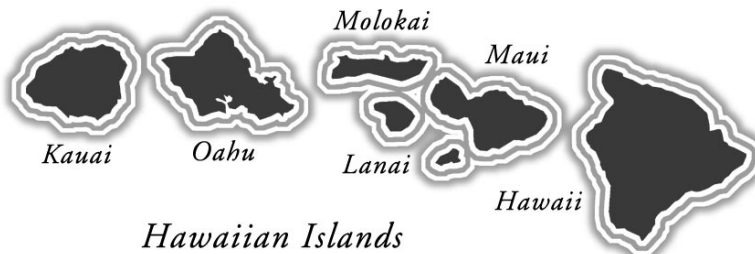
When a teachable moment arises during a call or when you are participating in EMS and injury prevention projects in your community, please share the following tips to help keep our keiki safe.



Tips to Prevent Children from Falling from High-rise Buildings

- Supervise children at all times, especially if windows are open
- Install locks on sliding windows (not intended for emergency exit) that prevent them from opening more than 4 inches.
- Open double hung windows from the top only.
- Install operable window guards or childproof screens.
- Do not use fixed security guards on windows as they may prevent emergency exit.
- Avoid placing furniture, on which children may climb, near windows or lanai railings.
- Use vertical rails, spaced no more than 4 inches apart, for lanais. Horizontal rails or grids that allow climbing should not be used.
- Lock the lanai door if an adult is not present to supervise

Answering the Call News from Around the Islands...



Kauai

Zach Octavio, AMR-Kauai Manager reports that in addition to police assisted roadside car seat checkups, Kauai EMS teamed up once again in September with Kauai Keiki Injury Prevention Coalition (KKIPC) Coordinator Moana Ta'a to bring "Shattered Dreams," a program that addresses the impact of drinking and driving, to Waimea High School. Both Maui and Hawaii counties are seeking out Moana's expertise in bringing the program to their respective counties.

Oahu

The City & County of Honolulu - EMS Division's Kelly Yamamoto and Jane Greenwood, dedicated members of the **Honolulu Paramedic Association**, once again rallied volunteers to participate at Children and Youth day at the state capitol. Prizes galore were awarded to keiki after they completed a series of EMS, 9-1-1, and injury prevention-themed games. Mahalo to all who volunteered to make this effort a success!

Jimmy Barros, Ocean Safety's Injury Prevention Coordinator, recounts that the 18 Ocean Safety Officers of the 2003 EMT-B class completed their National Registry Exams, with a 100% pass ratio. Thanks go out to KCC and to EMS instructors **Ian Santee, Evan Yamagishi, Korey Chock, Spencer Yamamoto, Tony Altomare, Tony Rossi**, and **Vince Conte**. Upgrading Ocean Safety personnel from professional first responders to nationally registered EMT-Basics raises the level of care provided to the community, increases efficiency and interoperability when transferring the care of patients from OSD to EMS, and provides educational and advancement opportunities for OSD personnel.

The City & County of Honolulu - EMS Division's Automatic External Defibrillator (AED)/CPR program is still going strong, thanks to **Chester Sukekane, Jane Greenwood**, and **Sonya Austin**. Besides conducting classes throughout the community, they recently brought their skills and expertise to employees at the Department of Health and got them AED and CPR certified by the American Heart Association. Because AEDs are more widely available and accessible to the public in various high trafficked areas (e.g., shopping centers, public buildings, airports), these efforts are meeting a need for the public to be trained in using them to possibly save a life.

Federal Fire and EMS Chief Dennis Yurong reports of his crews' efforts in increasing fire safety and injury prevention awareness during Fire Prevention

Week (FPW) 2004. This year's theme, "Test Your Smoke Alarms," is a reminder that smoke alarms are effective in saving lives, but only if they are working. Events throughout the week included live aircraft fire and rescue, ambulance, and fire prevention demonstrations, the House of Hazards, and displays focusing on safety and injury prevention.

The City & County of Honolulu Fire Department also did their part towards spreading the message of fire safety during FPW 2004. Emphasizing that working smoke alarms saves lives, HFD adds that it's prudent to test smoke alarms monthly and change the batteries once a year, ideally on a date you are apt to easily remember (e.g., your birthday, anniversary, during FPW). Additionally, **Captain Tony Sung** reports that his dedicated crews distributed 140,000 "Fire Fighter Safety and Health Guides" to schools across the entire state and disseminated fire prevention awareness tips at various shopping centers on Oahu.

Maui/Molokai/Lanai

AMR- Maui's Curt Morimoto reports that **Christian Conradt, Maui's EMS Injury Prevention Coordinator**, has made huge strides in combating underage drinking as a member of "The Coalition to Prevent Underage Drinking," a group comprised of various agencies (Maui Police Department, American Medical Response, the Molokai Troubled Youth Program, and Liquor Control) dedicated to curbing underage drinking. Maui County youth are encouraged to come up with ideas to tackle the problem and the Coalition then assists them in putting their ideas into action. All these efforts are geared through the Volunteer Center of Maui.

Hawaii

Hawaii County Fire Department's (HCFD)/EMS Division's Battalion Chief Scotty Paiva recounts that a dedicated staff has joined up with North Hawaii Outcomes Project's (NHOP) Motor Vehicle Crash Fatalities Reduction Group. NHOP is a grass roots coalition comprised of the State and County Departments of Transportation, Hawaii County Fire and Police Departments, the Hawaii County District Health Office, and Hawaii County medical personnel that convened to address the high number of motor vehicle crashes in Hawaii County. HCFD/EMS also provided input and suggestions to NHOP for a document of recommendations for the Hawaii County Mayor, County Council, Legislators, and the Governor to reduce motor vehicle crash fatalities.



Community Injury Prevention Response is published quarterly by the Injury Prevention Program of the Emergency Medical Services System, Hawai'i State Department of Health, 1250 Punchbowl Street, Room 214, Honolulu, Hawaii 96813, telephone: 808-586-5940, e-mail: lasugai@mail.health.state.hi.us, and is funded in part by grant number 1 H33 MC 00078 from the Department of Health and Human Services, Health Resources & Services Administration, Maternal & Child Health Bureau.

Not content to sit on his Division's laurels for its recognition as being on the cutting edge of setting the standard for a safer mode of transporting ill and injured keiki in ambulances, Hawaii County Fire Department (HCFD) EMS Battalion Chief Scotty Paiva expanded a typical Continuing Medical Education

Safer Keiki Transport: HCFD EMS Division Is At It Again!

(CME) course into an opportunity to provide additional training to 55 new and existing paramedics. Last fall, 60 HCFD MICTs were initially trained in the use of the Pedi-Pal, a collapsible child transport seat suitable for use in ambulances, and they in turn trained 120 EMTs. This latest CME course supplemented that training with the introduction of the different and varied vehicle restraint devices utilized by the automotive industry and the proper installation of each.

Once again conducted by Hawaii District Public Health Educator John Kaizuka, a certified Child Passenger Safety Instructor, the training also reinforced the use of the Pedi-Pal as an effective pediatric transport seat in an ambulance's front passenger seat (with a deactivated airbag), the captain's chair, or on a gurney. Reminded daily about what HCFD EMS personnel experience in the field, Paiva felt strongly that he wanted this recent CME course to emphasize that both the classroom and hands-on instruction provide each participant the skills and a firm understanding of the seat's usage in order to fortify their injury prevention "toolboxes."

With the decree of "do no harm" at the forefront, the HCFD EMS Division is upholding its high standard of keeping Hawaii County's keiki safe. "Injury prevention is a priority with us," said Paiva, "and this additional training enables us to continue to minimize the risk of injury associated with pediatric ambulance transports."

As HCFD EMS continues to strengthen its collaborations with its County's District Health Office and others in the community, it looks promising that it will maintain its ongoing commitment to provide its personnel with the latest injury prevention information. Congratulations, HCFD EMS, on remaining at the forefront of creating a safer community for the children of Hawaii County!



Left: From left, safety advocates Lester Inouye, Darryn Shimooka, Desmond Wery Jr., Patrick Springer, Scotty Paiva, and John Kaizuka exhibit their expertise with the Pedi-Pal.

Above: HCFD EMS personnel master their Pedi-Pal skills.